best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

9/757,930

,CLAIMS AS FILED - PART								CHALL ENTITY					
TOTAL CLAIMS				(Column 1)		(Column 2)		SMALL ENTITY TYPE		0	OTHER THAN OR SMALL ENTIT		
	101120011110					·		RATE	FEE		RATE	FEE	
-	FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	00 0	R BASIC FE	E 770.00	
TOTAL CHARGEABLE CLAIMS			<u> </u>	minus 20=		*.		X\$ 9=		O	X\$18=		
INDEPENDENT CLAIMS				minus 3 =				X43=		OF	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OF	·	 	
٠	If the differen	ce in column 1 i	is less than	ess than zero, enter		"0" in column 2		TOTAL	+	OF	`	 	
CLAIMS AS AMEI				ENDED - PART II				OTHER THA				THAN	
_		(Column 1)	1	(Colum) (Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	- ~		= ~		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRES	ENTATION OF N	Minus MULTIPLE DI	EPENDENT	•			X43=		OR	X86=		
	***************************************							+145=		OR	+290=		
							_	TOTAL	-	OR	TOTAL		
		(Column 1)		(Column	n 2)	(Column 3)		DDIT. FEE	<u> </u>	7	ADDIT. FEE		
4		CLAIMS REMAINING		HIGHES	ST		Г		ADDI-	7 1		4501	
AMENDMENT	·	AFTER AMENDMENT		PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AM	Independent FIRST PRESE	* ENTATION OF MI	Minus	PENDENT C	1 0104	=		X43=		OR	X86=		
				LINDENTO	D-1141	<u> </u>		+145=		OR	+290=		
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		(Column 1)	· ·	(Column	·2) (Column 3)				•. •	ODII. FEEL		
4	•	CLAIMS REMAINING		HIGHES NUMBEI	T		Ė	. 1	ADDI-	Г	. 1	ADDI-	
MEN	Program or given a fine	AFTER	amagalikilikka _{n mag} a	PAID FO	3LY	PRESENT EXTRA	 -	PATE		ocia c	PATE	TIONAL.	
	Total	*	Minus	44			1,	(\$ 9=	PEE	OR	X\$18=	FEE	
	Independent	*	Minus	***			一、	(43=		F			
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT CL	_AIM		\vdash	\43=		OR	X86=		
• If the entry in column 1 is less than the entry in column 2, write "o" in column 3. • If the "Highest Number Previously Paid For IN THIS SPACE Is to a thorough 3.													
(1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR A	TOTAL DOT, FEE		
T	he "Highest Num	ber Previously Paid	For (Total or	Independent)	is the hi	o, emer "3." ghest number k		IT. FEE L	opriate box	iri colur	nn 1.		
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